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LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER XVII.*

RESULTS OF THE TREATMENT.—Let us here, then, proceed to examine what has been the definitive result of this treatment (the principles of which I have explained to you, together with the most extended details), and inquire if it merits the confidence we accord to it.

Taking into account the patients who are still under treatment, we have had under our care 68 cases of uterine displacements. We have obtained 44 complete definitive† cures—up to the present day fully confirmed. Four experienced amelioration only, and to these 4 may be added 2 which have been sensibly improved, but in which it is necessary from time to time to re-place the stem-pessary because they exhibit some of the symptoms which indicate a new tendency to displacement. It is probable that these two patients will recover completely in a very short time. They might with equal propriety be classed among the relapses, which will give us 5 in place of 3, as we now reckon the latter, by leaving these two among the ameliorated, where they deserve to be.

In our 3 relapses, we reckon only those which have been treated anew, and are not yet cured of the relapse. For two of them, which are ranged among the cases of cure, had, after a long time, a new relapse, which necessitated a new course of treatment, after which they entirely recovered.

Twice we effected no change. One of these two cases was an anteversion, which, though a little ameliorated, was so slightly improved, that I felt that I had no right to make any account of it. In the other, the treatment was not completed, the patient not having thought it proper to continue it. It is true that in the latter we had not obtained any amendment; but I have so many times seen recovery take place, when, for a certain length of time, the treatment seemed to have no effect, that we should never, I think, be in haste to renounce it too soon.

* This number completes the series.—TRANS.

† Since these lectures were completed, the greater part of the cases in course of treatment have recovered, and other radical cures have besides been obtained. We can also say that in proportion as the instruments are perfected, we acquire more skill in their employment, the cures become more numerous and more prompt. But we did not wish to make additions to this first series of cases, and we exhibit them as they presented themselves at this epoch.—NOTE OF M. VALLEIX.

In two other cases, though the displacement was reduced, and the uterus returned completely to its place, yet certain symptoms persisted after the cure. In one of these, there were very severe pains, situated in the vulva, in the sides, in the walls of the abdomen, accompanied with tormina—with a sensation of burning during defecation, although there was no anal fissure. There were similar pains in the head, which, however, finally yielded. This patient had suffered primary syphilitic symptoms, afterwards lost her hair, and pursued an anti-syphilitic treatment. The pains are less severe than when the displacement existed, though we know not if they ought to be attributed to that lesion, or considered as due to syphilis. As mercury had not been given, and as these symptoms had been treated exclusively by iodide of potassium, I have prescribed pills of prot-iodide (*proto-iodure*) of mercury, the effect of which I await.

The other patient retained a frequent desire of micturition, which had diminished a little under the influence of belladonna, to re-appear subsequently. As I have not seen her since, I know not what has been the result as regards this symptom.

Two patients suddenly left Paris immediately after the treatment was terminated. They felt well, and the cure was entire. But has that cure maintained itself? As I have had no information on this point, I prefer to consider these cases as uncertain rather than to expose myself to error by adding them to the 44 cases of confirmed cure.

Finally, 9 patients are still under treatment. Of this number many have already experienced a noticeable amelioration, and will, I hope, admit of being ranked among the cures. But it is not permitted us to pass judgment upon this subject. Cutting off, then, these 9 cases from our total number, there remain to us, in place of 68, but 59, out of which there are 44 fully confirmed cures.

This number of cures is already considerable, and you see from the details into which I have just entered that the list might in strictness be augmented by joining to them those in which the amelioration was very sensible, those which I call uncertain, and those in which the replacement was complete, but in which there were pains or dysuria.

The long-standing of the disease opposed no obstacle to the rapidity of the recovery. The different species have not all been equally easy of cure, anteversion offering the greatest amount of difficulty. This is explained by the consideration that anteversion being only the exaggeration of the normal situation, the uterus cannot during the treatment be sufficiently turned away from its vicious position, and preserves consequently a greater tendency to revert to it. The different degrees of flexion are easier of reduction, because the tissue of the uterus being softened at the point of flexion (and I have shown you this softening of the tissue persisting even after death), the organ, when it is re-placed, sinks upon itself at this point, and ends by maintaining itself in the direction given to it.

Relapses.—After what I have told you of relapses occurring at the end of six months—a year—or two years after recovery, you might ask yourself if this cure is real, and if the treatment is not insufficient. But

in the first place, it should be remarked that in these cases the displacement was usually re-produced under the influence of a new cause. Then when the treatment was re-commenced, it was not necessary to prolong it so much as before, to obtain a new cure. Thus the benefit that it brought about for the first time, was not completely lost, since the displacement was not as considerable as before. But supposing even that it was constantly so—that the cure were never definitive—and that the displacement must return every year, for example; would it not be a very great advantage in persons who had been sufferers for nine or ten years, without intermission, who had become sterile, and were losing flesh and strength—to have obtained, I say, a respite of nine months—ten months—a year—during which the health was re-established, no obstacle existed to conception, the strength had returned, and every kind of exercise was possible? Would it not be a great advantage to obtain such a result, and to know, that if there had been a relapse, a very simple treatment, and one attended with but very little danger, will suffice to recover the very same advantages for the same length of time? I say that though the cure were never to be definitive, such a result, in such conditions, would be in itself an immense success.

But you have seen that the case is quite different, and it will be sufficient for me, in order fully to convince you, if that is still necessary, to re-call the facts in a few words to your memory.

In three cases only, there occurred at the end of ten months, under the influence of new causes, a new displacement of the uterus, indicating a sufficient tendency to the reproduction of the displacement to be considered as a relapse, ten or fifteen days suffering to re-place the womb. Since then, the organ has remained in place, and the general health of the patients has been perfectly restored.

There remain the two patients in whom it was necessary to introduce the stem-pessary every two or three months, and to leave it three or four days each time, not because the displacement was re-produced, but because there was manifested a tendency to its re-production. I have not these persons at present under my observation, they having quitted Paris. Thus I cannot say whether this application of the intra-uterine pessary was entirely indicated every time it was made. But as the patients themselves hope for relief, and demand it, and as, on the other hand, the physician can watch its application with care, I see in it no great inconvenience.

These are the only cases in which we have seen relapse, or tendency to relapse; and you see, gentlemen, that their number is small. In all the others, the cure has fully maintained itself, and you are about to see that in a considerable number of them it has already lasted a sufficient length of time to remove any fears which may have been introduced as to its solidity.

In 30 out of our 44 patients, the cure dates back more than six months; in the greater part of these, a year; and in several, two years, or even two years and a half. If, then, we regard as definitive only these 30 cures, dating back more than six months, we shall have

still, out of 59 cases, more than half cured of an affection [usually] regarded as incurable.*

But it should be added, that the greater part of these patients have been subjected to new causes of displacement, and that they have resisted their influence. Especially should be mentioned three cases, in which the women, having met with heavy falls, the uterus has, nevertheless, kept its place—a fact which proves still more strongly than its duration the solidity of the cure.

Such are, to sum up, the general results obtained by means of this treatment, the principal precautions of which consist, first, in employing, in all the cases, the sound as a means of preparation, and in persevering in its employment, since it may suffice to bring about the cure; secondly, in making the stem of the smallest possible length, it being rare that more than four centimetres are required to maintain the uterus in its proper position; thirdly, in taking away the stem-pessary, if any febrile symptoms be observed, or in the greater number of cases if evident symptoms of approaching menstruation present themselves.

A few words upon the other modes of treatment employed for uterine displacements.—I have told you, gentlemen, from what motives I shall abstain from giving a full account of the other different methods of treatment to which recourse has been had. I shall content myself with pointing out to you, in a few words, the principal among them.

Dr. Bond (*American Journal of Medical Sciences, new series, vol.* 17, *Philadelphia*, 1849) has given a description of a new instrument for the reduction of *retroversion* of the uterus. This instrument is composed of two stems, concentrically curved, and destined to be introduced, the one into the rectum, the other into the vagina. The *anal* stem, which is the longest, is connected with the handle by means of a square body, in a groove of which the vaginal stem, the shorter of the two, may glide or be firmly fixed at will, by means of a screw. At the extremity of each stem is a piece of ivory. That of the anal stem being spherical, should be as large as will comport with the size of the anus, through which it is to be passed. That of the vaginal stem, the introduction of which is easier in consequence of the larger dimensions of the vulva, is oval. The two stems, introduced separately, the one into the rectum, the other into the vagina, seize the uterus and keep it up where the two stems have been fixed to each other by means of the screw.

In the two cases which the author cites, and which I have read with care, the employment of this instrument was not carefully followed up. It seems to me, then, that its value is completely problematical; and whilst suspending my judgment upon it till it has been sufficiently tried, I content myself with the remark that though very ingenious, it will be with difficulty borne in consequence of the length of this handle, which projects externally and is exposed to every shock. Furthermore, I would ask if the uterus will be firmly held between these two stems, which seize it by convex surfaces, whilst the two surfaces of the organ

* We are able to add now, after three months and a half, that all the cures have maintained themselves.—Note of M. Valleix.

embraced are themselves equally convex? Will it not essape them by gliding to the right or to the left, on the slightest movement?

Formerly, Evrat and Richter recommended the elevation of the uterus by means of a spactula introduced into the rectum. It is evidently more difficult to raise it thus than by making use of the uterine sound; and you have seen how short a time it keeps its place after the reduction of the displacement, even when the replacement has been exaggerated. The measure recommended by these physicians can only, then, be employed in displacements, occurring during pregnancy—and you know we are not treating of these cases.

MM. Lallemand and Duges were the first to advise the introduction of a sound of large size into the cavity of the uterus, and the employment of it as a lever to replace the organ. As in the very great majority of cases it would be impossible to introduce such a sound—and that in consequence of the contraction of the orifices which I have mentioned to you—I believe these authors had in view only displacements occurring a short time after delivery. Then, indeed, the uterus not having completely returned to its original size, its canal remained sufficiently dilated to permit the introduction of a large sound. This manœuvre differs in nothing from that we practise with the uterine sound before having recourse to the intra-uterine pessary, but which is not always sufficient.

Sounds have been left in the womb to keep it in place. The inconveniences of this procedure—so evident that it has been completely abandoned—I will point out. In the first place, these sounds penetrated as far as they could go, and their constant contact with the fundus of the uterine cavity, provoked a painful degree of irritation, followed by inflammations even, and sometimes by perforations. Then their projection beyond the vulva, permitting them to hit against exterior objects, renders the production of these accidents more easy and more frequent.

Position, pointed out as a means of cure by Schmidt and Schweigansen, has since been extolled by M. Gerdy, who had resorted to it in the treatment of one of the patients whom I have mentioned to you.—(Case VI.) In anterior versions, the patient should lie upon the back, the seat being more elevated than the rest of the body. In the posterior displacements, she should lie with the face downward, and keep the pelvis constantly elevated—a very trying position for a woman to keep for forty-two days in succession, as was done in the sole case cited of well-authenticated cure by this method.

It has been recommended to re-place the uterus with the fingers introduced into the rectum or into the vagina, or into both these canals at the same time. But this proceeding is of small utility in the unimpregnated state of the uterus, which then affords too slight a hold to be easily seized, and is possessed of too great mobility to remain a long time in the situation which has been given to it. We shall then reserve it for cases of pregnancy, in which we are interdicted from carrying instruments into the interior of the uterine cavity.

Pessaries of divers forms have been introduced into the rectum since the time of Vermondois and Desault, and I think I may say since that

of Aetius, whose "tampon" (*glandem*) was nothing else than a pessary of this sort. In later times, M. Huguier has obtained by this means the success mentioned in the thesis of M. Dufraigne.

More recently still, M. Favrot has advised the introduction into the rectum of a vulcanized India rubber bladder, which he distends with air. I know of no cases cited in support of this method, which appears applicable only to retroversions. Further, it is necessary to suppose that the bladder filled with air has sufficient force to raise the uterus, and that at the moment of raising it, it acts from behind forward, so as to bring it into its normal direction. Now the rectum being situated to the left, we are led to conclude, *a priori*, that in dilating it will push the uterus not directly forward, but rather to the right, and that thus a lateral displacement will be added to that backward already existing. We leave to ulterior observation the duty of teaching us what should really be thought of this remedy.

Dr. Beattie, whose example has been very much followed, had the idea of acting exclusively upon the cervix. He made use of pessaries which he introduced into the vagina, either between the uterus and the rectum for forward displacements, or between the uterus and bladder for backward displacements. In this manner results sufficiently satisfactory can be obtained if there be a simple version, and if the tissue of the uterus is sufficiently firm and resistant to enable this body to follow the movement impressed upon the cervix by the pessary; but if there be flexion it cannot be cured; and even in simple versions, if the tissue be soft, flexion may be produced, the cervix alone being moved, and being pushed in one direction by the pessary, whilst the body does not change its place. This happened in a case reported in the thesis of M. Piachaud. There being an anteversion, a roll of "*charpie*" placed behind the cervix, brought it forward, while the body did not stir, and an anteflexion was produced.

With this contrivance may be compared the pessaries of M. Hervez de Chégoin, which embraced the cervix, and at the same time being made either more prominent in front than behind, or *vice versa*, tend to push the body in a suitable direction. Like the preceding, they cannot act efficiently upon flexions. The same may be said of the pessaries of Drejer, of Sander, &c., also of sponges and tampons introduced into the vagina.

M. Amussat had recourse to a peculiar proceeding, consisting in the production of adhesions between the cervix and the wall of the vagina, which corresponds to the side towards which the body of the uterus is inclined. He does this in order that the body may be prevented from falling over in consequence of the cervix being fixed by these adhesions. This reminds us of the case reported by M. Ameline, in which an adhesion of the cervix with the posterior wall had occasioned an anteversion. M. Amussat cites several cases of cure by his method, which, nevertheless, like the preceding, appears powerless against flexions.

I have spoken to you (Case III.) of an instrument invented by M. Meyer, of Berlin. I have employed it often, and in one single instance, at the Hospital "Ste. Marguerite," it sufficed to cure an anteversion. In all the other cases, it procured only a slight alleviation. Other ap-

pliances, such as pessaries [of the ordinary form], alleviate also quite often, but rarely effect a complete cure.

It is the same with the *abdominal supporter* (*ceinture hypogastrique*), employed solely as a palliative. It comforts the patient by supporting the walls of the abdomen, and sustaining the intestinal mass, which, without it, would press upon the displaced uterus.

Finally, rejecting all mechanical appliances, some physicians have claimed to cure uterine displacements by internal remedies. Thus, Dr. Oldham (bichloride of mercury, &c., in Guy's Hospital Reports, October, 1848) has vaunted the efficacy of the deuto-chloride of mercury, taken internally. It is in support of such assertions that it would be important to cite numerous and conclusive cases, as at an epoch when it was the custom to treat engorgement alone, without taking the displacement into consideration, all the known resolvents were administered, and in the first rank the preparations of iodine and mercury. Nevertheless we have seen the displacements persist, and even the engorgement also, notwithstanding the occurrence of emaciation, and of notable atrophy of the glands.

I close here, gentlemen, what I have to say upon uterine displacements. I have, I believe, given as complete a history of these affections as the novelty of the subject has permitted; but—although considerable—the number of cases upon which I have based my conclusions is still too limited for me to claim to have said the last word upon the science of the diseases in question.

It is indeed probable that in course of time I shall modify greatly what I have here taught you, especially as concerns the treatment, the mode of employing it, the form of instruments, their application, &c. Nevertheless, the results obtained, up to the present time, can but engage us to persevere in the employment of the mode of treatment above described. This we mean to do, at the same time striving to devise such ameliorations as it may be susceptible of, in order to obtain a higher degree of perfection.*

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* In concluding this translation, the translator takes the liberty of remarking that he by no means commits himself to the advocacy of all the doctrines set forth in the text. He however considers the proposition that *no* cases of displacement of the uterus have been cured by the intra-uterine stem-pessary to be one which cannot be maintained.

At all events the undersigned has felt that instruction would be derived from the writings upon the subject of so able an observer as M. Valleix, who, in the warm discussions which have arisen, has, in the words of M. Depaul, afforded "a fine example of the calmness and the dignity which belong to a true *savant*."

The Academy of Medicine of Paris, at its session of the 1st of August, 1854, adopted the following resolutions (see Archives Generales de Medecine, September, 1854); viz.:—

1st. "The cases reported to the Academy by MM. Broca and Cruveilhier, added to others more numerous in the possession of science, prove that the application of the intra-uterine pessary (*redresseur*) may often give rise to serious accidents, and sometimes even to death."

2d. "In the rare cases further in which this instrument has appeared to produce advantageous results, it has not been proved that it always brought them about by the replacement of the uterus."

The following resolution, offered, as were also the preceding, by M. Depaul, was not adopted by the Academy:—

"In a few exceptional cases in which displacements of the uterus produce serious functional troubles and resist all known therapeutic measures, the application of the '*redresseur*' may be tried as a last resource."

On the other side, again, the validity of the cases of MM. Broca and Cruveilhier is called in question by M. Valleix, who in a late memoir—the occasion, I believe, of the discussion at the Academy—quotes 153 cases, of which 108 were his own, and 45 occurred in the practice of others, observing that true accidents happened only 6 times out of these 153 cases, and that these accidents were all recovered from. L. PARKS, JR.

DANGERS AND USES OF THE OPHTHALMOSCOPE.

BY J. H. DIX, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FULLY admitting the primary importance of a correct diagnosis in diseases of the eye, as in all others, and admiring the zeal and ingenuity of the numerous gentlemen who from Babbage to Myerstein* have been inventing, modifying and improving instruments for exhibiting by artificial illumination the interior of the posterior hemisphere of the globe, I desire to call the attention of the profession to one circumstance connected with their employment which very unaccountably seems to have almost wholly escaped the attention of inventors of, and writers upon, the ophthalmoscope. I mean its *dangers*. Mr. T. Wharton Jones, in his recent summary of ophthalmoscopic contrivances, for the compilation of which he certainly merits the thanks of the profession, approaches but does not touch upon this subject when he says, "the use of the ophthalmoscope is necessarily circumscribed by the capacity of the eye to bear the concentrated light." I would ask when and how this capacity is to be measured, and if there can be any more conclusive evidence of the *incapacity* of an eye to bear concentrated artificial light, than the fact that the eye is amaurotic, or, what is practically equivalent, that its vision is impaired or disturbed without any obvious† opacity of the transparent media. The liability of astronomers, sea captains and mates, microscopists, engravers, watch-makers, &c., to amaurosis is well known. They are exposed to or make use of either reflected or refracted natural and especially artificial light. In the ophthalmoscope, artificial light alone is used. This artificial light is always reflected. If it is reflected only as in the ophthalmoscope of Helmholtz, it is ineffective and useless for investigation of the posterior hemisphere, and for determining the state of the lens not more decisive than the ordinary catoptric method. If the light is, besides being reflected, refracted and concentrated as in the later improvements, the instrument is unquestionably effective for investigation of the posterior hemisphere, and dangerous very nearly in proportion as it is effective.

In proof that these objections are not merely theoretical, I condense from my memoranda a short statement of two cases of amaurosis.

October 19th, 1852.—Mr. J. K., æt. 26. Three months ago, for some purposes required in a telegraphic office in which he was employed at Newburyport, he looked through a convex lens for five or six hours almost incessantly, there being beyond the lens in the line of his vision

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* Babbage, 1847.
Helmholtz. 1851.
Ruete, 1852.
Kotzius, 1853.
Follen and Natchet, 1853.
Ulrich, 1853.
Van Trigt and Donders, 1853.
E. Jäger, 1854.
Anagnostake. 1854.
Myerstein, 1854.

† To the eye with or without a lens, or by the caloptric examination of M. Sauson.

a bright argand burner. On the following morning he found, before the left eye, a black floating spectrum of the size of a pin's head, and the vision otherwise indistinct, with supra-orbital pain. For these three months there has been no change, and looking at the title-page of the Boston Directory for 1851, although he can make out their location he cannot distinguish the largest letters.

After some nine months' treatment, the vision of the eye was nearly but not wholly recovered.

The exposure in this case was not indeed precisely that of an eye subjected to an ophthalmoscope, but it was similar, the light being artificial and received by the eye through a refracting medium, and not more prejudicial certainly, for being distant and direct instead of near and reflected. It was much longer continued than is required for an ophthalmoscopic examination. But a cause which will suffice, if long-continued, to produce amaurosis, may well be expected, though but for a few minutes acting, to aggravate a pre-existent amaurosis.

The second case is now under my observation, and was first seen by me Nov. 25, 1854. Mr. B. McL., æt. 37, a merchant, some four years ago having been for a month closely occupied day and night with account books, began to see before his left eye small translucent muscæ in rings and curved lines. To these were added a few dark dots not larger than a pin's point. His occupations were afterwards less fatiguing to his eyes, and these spectra remained unchanged for nearly four years, except that under certain conditions of light, he has during the last year seen before the right eye occasionally and momentarily similar appearances of less amount.

Early in September, 1854, he had for several days severe headache, chiefly in the frontal region; and as the pain subsided was sensible of a very considerable increase in the number and size of the spectra, especially of those before the right eye, the one before least affected. Calling upon a surgeon in Glasgow, his eye was examined in a dark room by light reflecting from a mirror.* The examination lasted some ten minutes. Immediately after the daylight was returned, he found a prismatic coloring on the outline of all objects, and very soon a general blur before the right eye. The prismatic coloring disappeared in about a week, but the vision of the right eye has never been distinct, though perhaps a little more so than during the first week after the examination. His engagements have until this time prevented any systematic treatment. Now no objective symptom of disease, except a suspicion of a slight enlargement of pupil of the right eye. With the left eye sees perfectly the finest print, and is aware of the spectra only when out of doors or exposed to reflected daylight. With the right reads nothing smaller than the words City Record in the title-page of Boston Directory for 1854. Has of late seen in the dark an occasional silvery glimmering with this eye. Iris light hazel; health good.

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* From his description I presume the instrument used was the ophthalmoscope of Helmholtz, modified by Coccius.

I wish to be distinctly understood as not denying the indispensable necessity of accurate pathology upon which to base rational and successful therapeutics; nor as undervaluing the possible advantages to the diagnosis of diseases of the retina and choroid, from a safe and legitimate use of the ophthalmoscope, but only as protesting against its employment for the immediate diagnosis of incomplete, hopeful or questionable amaurosis.

For the exploration of an eye, the retina of which is wholly and hopelessly insensible to light, the ophthalmoscope is of unquestionable value, and in connection with subsequent microscopic autopsy may give us the pathological anatomy of amaurosis and other diseases of internal textures of the eye. This I conceive to be the only safe and therefore the only legitimate use to which, as now constructed, these instruments can be applied.

It is wiser, upon the whole, to diagnose and treat a case of amaurotic disease according to its subjective symptoms, than for the sake of the possible finding of objective ones to incur a risk of blinding the patient.

The history of amaurosis, it has been said, is still unwritten;* and in a certain sense and with some limitations the remark is true. But this history had better remain unwritten, than that an eye partially and not hopelessly amaurotic be exposed to the ophthalmoscope. Surely no sane person can propose to contribute to this history a chapter on pathology at the expense of actual vision.

Boston, December 1st, 1854.

OBSERVATIONS ON DR. CARTWRIGHT'S SUGAR-HOUSE CURE OF CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I have read with much interest, Dr. Cartwright's case of sugar-house cure of consumption. Without at all entering into an analysis of his reasons for calling it "tubercular phthisis," it seems to me quite doubtful whether his detail of symptoms, and particularly his *modus curandi*, warrant more than disease of the larynx and bronchial tubes.

Aphony, a prominent symptom in the case, is sometimes induced by severe taxation and exhaustion of the vocal cords. Ordinarily, however, it is owing to inflammation of the larynx and some portion of the trachea; and when it passes into ulceration, we have muco-purulent secretion, with "spots" and "streaks" of blood.

The same, in part, is true of *bronchial* inflammation. It is quite common, in the secondary stages, to witness an abundant secretion, not a small portion of which is sometimes pus. With pus, we often have more or less hemorrhage, according to the size or extent of the ulceration.

The fact, *therefore*, of the loss of voice, severe cough, expectoration with "spots" and "streaks" and "hemorrhage," proves not "tubercular phthisis."

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* Mr. Dalrymple.

The statement that an absolute change, on all these points, was effected in such a brief space, *three weeks*, supposing the patient's disease was tuberculous, carries upon its face something so marvellous, one can but feel more than the shadow of a doubt whether there be not in the relation a mistake. Indeed, from an examination of the *means* by which these results were obtained, it is evident the patient was not suffering from softened tubercle.

No pathological principle is better settled, I believe, than that this class of patients will not bear the waste of the sweating process; and I can no more believe that a cure of "tubercular phthisis" was effected through that agency, than I can believe it was effected by bleeding. Indeed, the two agents, in their results, are quite analogous. Both reduce the volume of pulse, thin the blood, waste the flesh, weaken the vitality, have a direct tendency to induce hectic symptoms, and *consequently to develope phthitis.*

How, then, did this "maid of the mist" endure her drenching sweats from "rosy morn till dewy eve," and the while gain flesh and strength, except her disease was of *sthenic* character?

The *patient's* remarks touching the condition of her *skin* prior to her entering the sugar-house, furnish additional evidence, were it necessary, of the nature of her case. She says *it* was *hard* and *dry;* and notwithstanding the most persevering efforts on the part of her physicians, they were never able to produce perspiration, &c.

I submit to the profession whether this condition of the cutaneous exhalants, is compatible with her supposed *development* of tuberculous disease. I think not. No symptom of consumption is better marked or more obvious, than the ease with which this class of patients sweat. Slight exertion, increase of temperature, mental excitement, sleep; all have a *tendency* to perspiration. An absolute inability, on the part of her medical advisers, to induce it, demonstrates an error in diagnosis.

That absolute changes were wrought in the condition of the lady, as described, I am prepared to admit. I have been, myself, witness to the recovery of so great variety of bronchial and laryngeal cases, that I am prepared to give full credence in this particular. Besides, the philosophy of the cure is quite obvious.

To this result two conditions are indispensable. 1st, the exhalants of the skin must become *active;* and 2d, the circulation must be determined to the surface of the body.

With the sympathy which exists betwixt the skin and mucous membrane of the lungs, all are familiar. The active treatment which this lady applied externally, had a direct tendency to relieve the internal disease, as already suggested, and consequently to restore a healthy tone and a healthy secretion.

There is, however, through the entire article by Dr. C., an evident desire to impress upon its readers the idea that this "*sugar-house cure*" was essentially influenced by the inhalation of *sugar.*

That such may have been the fact, I will not deny. But prior to its admission, it seems to me there are several propositions which ought to be considered, and to which I beg leave to direct the attention of medical gentlemen.

1st. In the evaporation of water from the cane-juice, is sugar an element, to be found in *definite proportions with vapor?*

2d. If such be the fact, is the saccharine matter, when inhaled, absorbed by the blood?

3d. If so, does the act constitute a process of nutrition; and, *ergo*, can the lungs be made to do the work of the stomach?

4th. Admitting the *first* proposition, is there evidence, aside from Dr. C.'s case, that the inhalation of sugar acts favorably as a *local* stimulant, in healing an abraded surface, or in causing the absorption of tubercle, &c.? GEO. HOYT, M.D.

Boston, December, 1854.

DEATH FROM OLD AGE—OR NATURAL DEATH.

THE following account of death from old age, by the distinguished divine, Dr. A. L. P. Green, of Nashville, will be read with great interest by every student of nature. The death of Aunt Phillis, as the doctor beautifully expresses it, was truly a "natural death," for death from disease is not according to nature, but might truly be classed under the head of "accidents" or "casualties."—*Ed. Nashville Med. Journal.*

DR. EVE. Dear Sir,—I promised you that I would furnish you with some of the facts connected with the last days of Aunt Phillis, an old negro woman of mine who died last fall. Aunt Phillis was at the time of her death, at the lowest estimate, 111 years old, and the probability is that she was several years older. For fifty years she has enjoyed uninterrupted health, and as far as I have been able to learn, she was never sick in her life except at the birth of her children. For thirty years of her life, and down to within three years of her death, she did not seem to undergo the slightest change in her appearance, time exercising little power over her. The first sign of decay was that of sight, which took place about three years before her death; up to that time she was in the full enjoyment of all her senses, and at 104 years would have married an old negro man of 75 if I had not objected. Her sight failed not in the usual way, but she became near-sighted, not being able to see objects at a distance. Soon after this, her hearing declined, but up to the time of her death she could still hear better than old persons generally do. The first indication of mental failure was that of locality, she not being able to find her way to a neighbor's house, yet her memory seemed perfect in all other respects. She recollected her friends and old acquaintances, but could not find her way to their houses. I at first supposed that this was owing to defective sight, but on examination found it was in the mind. Still her locomotion was good—she had the full use of herself, and could walk strong and quick like a young person, and held herself up so straight, that when walking from me I often took her for some one of the younger servants about the premises. The next, and to me the most singular sign of decline, was that she lost the art of walking—not that she had not strength enough to walk, but forgot how to walk. The children would lead her forth and interest

her for a while, and she would get the idea which seemed to delight her very much, and she would walk about the yard and porches until some person would tell her she had walked enough—but she would no sooner take her seat and sit for a few moments, before all idea of walking would be gone, and she would have to be taught over again. At length she became unwilling to try to walk unless she had hold on something; take her by the arm and she would walk, and walk well, but just as soon as you would let her go she would stop, and if no further aid was afforded her she would get down and crawl like a child; and at length became so fearful that she refused to walk altogether, and continued to sit up during the day, but had to be put to bed and taken up like a child. After a while she became unwilling to try to get up altogether, and continued to lie until she died. All this time she seemed to be in good health, took her regular meals, and her stomach and bowels were uniformly in good condition. I often examined her the best I could, and she had no pains, no sickness, no aches of any kind, and from her own account, and from all that I was able to learn, she was in good health and all the while in fine spirits. The intellect and the mind seemed to be perfectly good, only that she did not seem to know where she was all the time. At length one of the children said to me that Aunt Phillis was getting cold, and on examining her I found it even so; the extremities were cold—still she took her regular meals, and did not complain of anything, and the only change that I recollect of, was that she slept a little more than usual. The coldness increased for two days, when she became as cold almost as a dead person. Her breathing began at length to shorten, and grew shorter and shorter till she ceased to breathe. Death closed in upon her like going into a soft, sweet sleep, and for two minutes it was difficult to tell whether she was breathing or not. There was no contortion, no struggle, no twisting of the muscles, but after death she might have still been taken on a slight examination to have been in a deep sleep. So passed away Phillis—the only natural death I ever witnessed.—*Nashville (Tenn.) Med. Journal.*

PROBABLE CASE OF POISONING FROM A SLIGHT ABRASION BY THE THUMB NAIL.

BY W. D. MAULL, M.D., GEORGETOWN, DEL.

The impression of the poisonous nature of the nails of the fingers and thumbs, has obtained with many outside the profession, and plausible cases occasionally arise, which favor strongly the received impression, though it is difficult to conceive in what manner these horny appendages of the skin, in their formation identical with the epiderma, can by wounding any part of the body, convey into the system a poison which shall manifest itself generally over the surface. But notwithstanding this view, in our practice we have met with a case which we can reasonably attribute to no other cause than an abrasion or scratch from the thumb nail.

The case we refer to was that of a young girl, æt. about 4 years, who in the act of being fondled by her father a day or two before his death, which resulted from consumption, received a slight wound under the lower eye lid, from his thumb-nail. Her relatives stated that the wound soon began to inflame, and that an eruption gradually spread itself. She had been thus affected for about a year, when our attention was directed to the case, one or two physicians having previously seen it and prescribed. We found the poison manifesting itself profusely; there being an eruption thickly spread over the face, and at times upon the breast, head, and upon the hands when they were brought much in contact with the virus. Her eyes had been closed for a period of about two months, she being unable to open them, on account of the secretions being so abundant and vitiated as to clog them. There was an almost constant discharge from the nose, of a matter resembling that from the Schneiderian membrane in the resolving stage of a catarrh: no disposition for sport with other children; languid; seldom spoke except when interrogated; forming, upon the whole, an exceedingly sad spectacle of physical suffering in a child.

Treated her somewhat upon the homœopathic principle—that of *similia similibus curantur:* prescribed two drops of liq. potass. arsen., ter die, and directed the eruption generally to be anointed with the ung. hydrarg. fort., and in addition ordered some laxative medicine. In the space of three weeks the child had almost completely recovered.

It may be well to observe that the possibility of the child's coming within the sphere of the influence of the Rhus Toxicodendron or poison oak, was precluded by her age and other attendant circumstances, though there are many persons who are very easily affected by this shrub, the properties of which manifest themselves very abundantly at times.—*New Jersey Medical Reporter.*

A CASE OF POISONING.

BY M. A. MILNER, M.D., OF FAIRFIELD, TEXAS.

The comparatively rare occurrence of poisoning by hydrocyanic acid, or preparations containing it, as cyanide or cyanuret of potassium, is admitted; yet it does sometimes occur, and this induces me to report the following case, with the hope that it may elicit further inquiry for a certain antidote, and the proper management of such accidents.

On the 6th inst. (October), Col. W.'s little daughter, Fanny, 3 years old, in company with others, visited a Daguerreian gallery, in the second story of my office. While the artist was preparing a plate, one of the ladies gave the child (for water) a solution of the chloride of silver and cyanide of potassium, used to galvanize plates. The mistake was discovered immediately, and the child brought into my office, with the cry —"Do something quick! it is poisoned with the chloride of silver." One glance revealed to me the truth of the alarm. Her face was flushed, her breathing slow and stertorous, and she was apparently insensible. With all possible haste, I tried a mustard emetic, but found she could

not swallow, and immediately resorted to the stomach-pump, and succeeded in drawing off a good portion of the fluid contents of the stomach. It being a short time after dinner, however, the imperfectly chewed and undigested bits of meat, &c., would fill the eyes of the tube, and prevented as effectual an emptying of the stomach as was desired. I then forced salt water into the stomach, but to no purpose, for the child was *dead*.

The length of time from the drinking of the poison, until the last gasp for life, was between four and five minutes.

None of the antidotes, as laid down by authors, were used, such as chlorine water, ammonia, cold water, &c.

In conclusion, I would respectfully ask, where such prominent poisons are taken, and the paralytic effect on the nervous system so instantaneous, should emetics, or the stomach-pump, be thought of for relief? or should we depend upon inhalations and the administration of antidotes?

The composition of the poison was about ʒ jv. cyanide potassium; ʒ j. chloride silver, and three pints of water.—*Southern Medical and Surgical Journal.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 27, 1854.

The late Dr. Parkman.—Resolutions of Respect.—The death of Dr. Samuel Parkman was mentioned in last week's Journal. At a meeting of the Suffolk District Medical Society, held on Saturday, Dec. 16, 1854, Dr. H. I. Bowditch presented the following resolutions, which were unanimously adopted:

Resolved, That we have heard with deep regret, of the death of our associate, Dr. Samuel Parkman.

Resolved, That though comparatively young in the profession, he had already won the esteem, even of his seniors, by his gentlemanly demeanor, his excellent judgment, his unbending integrity and high medical attainments.

Resolved, That we hereby most respectfully tender to the family of our deceased associate, these feeble expressions of our cordial sympathy in the bereavement which has fallen thus heavily upon them.

Resolved, That if it be agreeable to the feelings of the family, the members of this Society will attend his funeral.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and that they be published in the daily journals.

Resolved, On motion of Dr. Coale, that the members of the Society will meet at their room in Phillips Place, on Monday, Dec. 18th, at 1 P. M., to attend the funeral of the late Dr. Samuel Parkman.

Diseases and Injuries of Seamen.—Very laborious efforts have been made, from one period to another, by medical men, to teach seamen how to take care of themselves, both in health and sickness. How far these benevolent

intentions have succeeded, it is difficult to decide. Sailors still sicken, and, like other mortals, suffer the penalty of indiscretions, by undergoing the pains of various maladies. We have sometimes doubted whether seamen ever derived essential advantage from the treatises which have been prepared for them. They are actuated by sudden impulses, which make it the more difficult for them to be thus benefited. Then when it comes to the weighing of doses, watching the pulse, and giving drops to men accustomed to swallowing large spirituous potations, it is pretty certain their practice, under the minute guidance of the very best guide-book, must fall lamentably behind their own hopes or wishes. But upon the principle that, in the dilemma of sickness at sea, something is better than nothing, the sale of these medical manuals should be urged upon ship masters and owners. The full title of the volume under consideration is as follows—viz., "Diseases and Injuries of Seamen, with remarks on their Enlistment, Naval Hygiene, and the Duties of Medical Officers. By G. R. B. Horner, M.D., of the U. S. Navy." With large experience as a surgeon in active service many years, Dr. Horner's name, at the outset, imparts a decided character to the work. In the compass of sixteen chapters, a comprehensive detail is given of the ails and aches of the dwellers on the ocean, together with the contingencies of wounds, broken bones and other misfortunes. Each and every topic is ably and scientifically treated, yet expressed in language that all intelligent seafaring people may understand. The plates present a clear insight into the between-deck accommodations. They are admirably executed. It adds immensely to the true value of any book, in this age of picture writing, to introduce a plenty of drawings. They teach far better than some are ready to admit. If men are but children of a larger growth, a point long ago contended for, then act upon the principle and interleave the pages with accurate plates. This is one of the publications of Messrs. Lippincott, Grambo & Co., of Philadelphia, who are fortunate in securing a host of the best medical writers of our country, to say nothing of foreign authors. We hope success will attend Dr. Horner's efforts in behalf of a much neglected class of men, who suffer from exposures and vicissitudes in different climates; from a want of social relations; from moral causes; and from various other sources, to enrich their employers and develope the commercial energies of their country.

Dr. Flint's Introductory.—The Professor of Surgery in the Kentucky School of Medicine, at Louisville, is Joshua B. Flint, M.D., who formerly resided in Boston. He was distinguished in early life for an attachment to, and correct acquaintance with, surgical anatomy, which he has doubtless cultivated ever since, with characteristic perseverance. Before us is his introductory to the present lecture term, full of profitable suggestions, and abounding in sentiments that all men honor, whether from the lips of a surgeon, a philosopher, or a plain man without a doctorate. Dr. Flint's style is fervid without being over done, and the whole lecture commands our admiration. Cannot some one give us here at the north a synoptical account of what may be done at the two Louisville institutions the present winter? Notwithstanding the direct, ready intercourse, how little the profession know of each other a few hundred miles apart.

Medical School of Maine.—By indefatigable perseverance, this School has become one of the permanent institutions of New England. Its far-off

location must obviously lessen the number of students, since there is no region beyond, easterly, from whence any large number could come. By systematic preparation, and, at the beginning, securing a fine anatomical collection, rare books and talented professors, the Maine School of Medicine has maintained an honorable distinction even among the more colossal colleges of the country. This is not faint praise, but a hearty declaration of good will, predicated on what the medical public think and say of the Brunswick faculty. Still, we are of the opinion that if several of the smaller schools could by some chemical process coalesce, it would be a happy circumstance, because, by concentrating forces, their power would be greatly increased. But we must take things as they are, and hope on for the advancement of legitimate medical science. The next course of lectures in the Maine School will open on Thursday, Feb. 8th.

Early Marriages.—This was the subject of a recent instructive discourse, by Prof. John M. Watson, of the medical department of the University of Nashville. Dr. W. is a staunch advocate for early hymenial connections. Like a Hebrew of ancient days, he would have young people joined in wedlock as soon as they feel a prompting by the passions. This, it is maintained, has become a matter of expediency in these degenerate times. The children of young parents are vigorous both in body and intellect, and longevity is part of their inheritance. On the other hand, the offspring of elderly people have a feeble organization, are more prone to maladies, and indicate less vital force than the class before mentioned. Calculating, sage fathers and mothers would be shocked at the idea of having boys married at fourteen and girls at eleven or twelve; and to be grandfathers and grandmothers before their sons had beards developed, would be horrifying. But such relations have existed in the Orient thousands of years. Whether or no this discourse of the learned professor will bring about earlier matches, remains to be seen.

Spiritualists' Association.—Within the past week there has been laid upon our table a pamphlet, containing the Constitution, By-laws and a list of officers of the Spiritualists' Association, accompanied with an address to the public. Among the names of the officers, we recognize many who have been men of influence in the community—men of great learning and wealth, and who evidently, from their position in society, will give a character to the association. We did not think, three years since, that our spiritual friends would have deemed it advisable to organize for associated action, in order to make proselytes to their new light, nor do we think they will gain much in the adoption of the course now taken; but as they say that there are "nearly *two millions* of people in our nation, together with *hundreds of thousands* in other lands, who are already believers in spiritualism," it is proper enough that they should have their own way, provided no harm is done. We have often alluded to the injury that these spirit-rappers have produced upon their poor deluded followers; and until we see something which shall convince us that we have been in error, we shall continue to entertain our opinions respecting them, and shall carefully watch their movements.

Reported Death from the Inhalation of Ether.—The Albany (N. Y.) papers mention the recent death of a young lady in that city, which took place

while she was under the influence of ether. It appears that the lady, 18 years of age, had some kind of a tumor situated upon the neck, and she was taken to the hospital in order to have it removed. Ether was administered. She appeared to sink, when stimulants were at once given, which had the desired effect. After she had recovered, more ether was given, and Dr. March proceeded to the operation. From the stupefaction produced by the ether, she never recovered, and died in a short time. Our information is very limited, as the report is imperfect. Indeed we are unable to state whether the operation was completed, nor do we know the kind of ether made use of on the occasion. If sulphuric ether was used, and in the ordinary way, it is the first time, to our knowledge, that it has occasioned death. We shall suspend our opinion in regard to the matter, until we have a more perfect report of the case, and we hope some of our friends will furnish us with one.

Dr. Beale, the Dentist.—It is understood that Gov. Bigler, of Pennsylvania, has refused to revoke the sentence of the court in the case of Dr. Beale, the dentist, who will therefore have to remain in prison until the expiration of his sentence. The dentists of New York city have held their third meeting in relation to this case, a special messenger from their body having been sent to Philadelphia for the purpose of making a thorough investigation of the matter. The conclusions they have come to, after this investigation, are, that Dr. Beale has been wrongfully accused, and is innocent of the charge which was made against him.

Poisoning by Common Coal Gas.—Mr. Gartner, of Stuttgard, relates in the Wurtemb. Corresp. Blatt., the following particulars of a case of poisoning by the escape of coal gas in a dwelling house.

"The gas affected a lady, her servant maid, and also an English pointer dog. The lady was first seized; her illness began with an affection of the head, sickness, vomiting, and purging of thin rice-water-like stools, in which whitish flakes were observed. After twelve hours she recovered, but felt very drowsy. On the 5th day she experienced pain in the back part of the head, lassitude, vertigo, tinnitus aurium, and loss of appetite, accompanied by a loaded tongue, a small pulse of 90, and cessation of the menses. Blood of rather a dirty dark-red color, presenting no buffy coat, was abstracted from a vein. Next day the patient was worse; she was quite insensible, and lay with closed eyelids; the eyes were turned up, the pupils were much contracted, and unaffected by the influence of light; the face was red and swollen; there was trismus; the arms were flexed at the elbow-joints; the respiratory movements were very feeble; the pulse was hardly perceptible; and the skin warm and insensible to touch. Venesection having been repeated, and suitable restorative remedies administered, the patient revived in three hours, and was quite well in a few days.

"In the servant girl similar symptoms occurred, but not with such severity, which may be attributed to the fact that the atmosphere of her chamber had not been so strongly impregnated with the gas. She had severe cramps of the extremities, great jactitation of the hands, flexion of the arms at the elbows, great restlessness, and inclination to yawn. Her blood presented no buffy coat. Latterly she had a non-febrile bloody diarrhœa. She recovered in fourteen days from the date of her seizure.

"The dog was found insensible, and quite stiff, as if dead, but it soon recovered."

The Cholera in London.—The cholera exhibits a continued decrease. The deaths from it, which in four weeks of October were 411, 249, 163 and 66, in the last were only 31. In the same five weeks, diarrhœa was fatal in 98, 102, 78, 46 and 33 cases.

From the report of the Registrar-general it appears that 10,530 persons died in London, being 45 to every 10,000 people. 2018 persons died of the epidemic in the west districts, comprising Kensington; Chelsea; St. George, Hanover Square; Westminster; St. Martin-in-the-fields; and St. James's, Westminster. The mortality by cholera was here at the rate of 54 in 10,000 inhabitants. The mortality in the five north districts, Marylebone, Hampstead, St. Pancras, Islington and Hackney, was 15 in 10,000 inhabitants. The average annual value of the houses in the west districts, ranged from £29 to £128; in the north district, from £35 to £71. The mean density of the population is nearly the same. In the west districts it is 35, in the north districts 36 persons to an acre. The west districts are supplied chiefly by the Chelsea, West Middlesex, and the Grand Junction Companies, with water taken from the Thames at Battersea, Hammersmith and Kew. The north districts are supplied by the New River Company, the West Middlesex, the East London and the Hampstead Companies. The mean elevation of the west districts is 30 feet, of the north districts 86 feet above the Trinity high-water mark. In the Hanover-square sub-district, 9 in 10,000 people died of cholera; in the Golden-square sub-district, 189 in 10,000. In the northern districts, the mortality ranged from 6 in the Cavendish-square sub-district, Marylebone; to 52 in All Souls; but a large number of the deaths in the latter sub-district occurred in the Middlesex Hospital, and came principally from the district of St. James's, Westminster.—*London Lancet.*

Medical Appointment.—Dr. Ludwig, of Portland, Me., has been appointed Physician and Surgeon at the Marine Hospital there, in place of Dr. Fabyan, who has removed to Boston. Dr. L. ranks high in his profession, and the appointment is favorably noticed in the public papers.

Medical Miscellany.—Our city continues remarkably healthy.—A Dr. Thompson was lately hung in effigy at Richmond and Petersburg, Va., but for what cause, we are unable to learn.—During the week ending Nov. 18, the births of 666 boys and 627 girls were registered in London; total 1293.—The additional apothecaries for the British army in the East are to be selected from the dispensers of medicine already employed there.

To Correspondents.—Dr. Griffin's case of Obstruction and Perforation of the Bowels has been received.

Died.—At Braintree, Mass., Charles M. Fogg, M.D., 49.

Deaths in Boston for the week ending Saturday noon, Dec. 23d, 64. Males. 34—females, 30. Apoplexy, 1—bronchitis, 1—consumption, 10—convulsions, 2—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—debility, 1—infantile diseases, 8—puerperal, 1—erysipelas, 1—typhus fever, 2—typhoid fever, 2—scarlet fever, 1—hernia, 1—hooping cough, 1—disease of the heart, 1—inflammation of the lungs, 5—marasmus, 2—old age, 1—pleurisy, 2—smallpox, 6—teething, 4—tumor, 2.

Under 5 years, 23—between 5 and 20 years, 8—between 20 and 40 years, 21—between 40 and 60 years, 5—above 60 years, 7. Born in the United States, 41—British Provinces, 7—Ireland, 14—England, 1—unknown, 1.

Case of Gun-Shot Wound of the Brain, with Recovery.—By T. S. Smith, M.D., Murfreesboro', Tenn.—I was called on the morning of the 1st of May to see W. J. C. The messenger informed me that he had been shot in the head at 9 o'clock, P. M., April 30th. On my arrival I found him lying on the floor with a blanket thrown over him, where he had lain from the time he was shot until I arrived, which must have been some 10 hours. His hair was clotted with blood, and from the statement of those present, he must have lost some 2 or 2½ pounds of blood. He was intoxicated when shot, and was an habitual drunkard. The pulse was 52, intellect wandering, great nausea. I administered a nervous stimulant, and proceeded to examine the wounds. When the hair was removed which hung over his forehead, three wounds were displayed: one a flesh wound over the right eye two inches long, cutting the anterior branch of the temporal artery in its passage; but this had ceased to bleed when I saw him. A second slug (for such were the missiles with which the pistol was charged), had entered the squamous portion of the temporal bone, and passed out through the frontal bone half an inch to the left of the median line. The dura-mater was plainly visible through the entrance of the slug, and a small probe could be passed to the depth of three inches in the head. The brain was oozing from the exit, and the probe could also be passed to the depth of three inches in this opening. Dr. P. W. Burke was called in counsel, and we agreed to draw together the integument and retain it with adhesive strips to prevent the brain from escaping—a small opening was left for the escape of any fluid that might appear in the wound. He was then placed on a litter and moved to his father's house, distance one mile. By this time some re-action was coming on, and reason somewhat restored; complained of considerable pain in the posterior portion of the head, some subsultus tendinum. One grain of calomel was ordered every hour for six hours, then followed by saline cathartics. Saw him again at 6 P. M. Pulse 100 strokes per minute; skin warm and dry; no nausea, but great thirst—wounds not examined. Ordered neutral mixture every half hour through the night, or so long as the fever continued. Saw him the 2d.—Pulse 72; medicine operated well; skin quite natural; no thirst; intellect good; some subsultus; complains of pain still in the posterior portion of the head—dressings removed; brain still oozing out at the exit, but does not appear at the entrance; the dressings were replaced, and the grain doses of calomel again ordered and pushed to moderate ptyalism, with the view if possible to prevent inflammation and promote absorption. 3rd.—Pulse 64; ptyalism pretty well established; brain still disposed to ooze out when the dressings are removed, which continued to be the case until after the seventh day, when the exit was pretty well closed and gave us no further trouble—but the entrance took on fungous growth from the integument, which yielded to the solid stick of nit. arg. and dil. nit. acid alternately. After the seventh day he suffered but little, and had a rapid recovery, without his intellect being at all injured. He lost not less than one or one and a half table spoonfuls of brain. I present the case to the profession without comment. —*Nashville Journal of Medicine and Surgery.*

Lord Palmerston and the Removal of Nuisances.—Dr. Waller Lewis has been commissioned by the Secretary of State for the Home Department to inquire into the laws of foreign countries for the regulation of noxious trades and occupations, and to report on the effects of these employments on the health of the artizans.—*London Lancet.*